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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

DISEASES OF LACHRYMAL APPARATUS.

A PAPER READ BEFORE THE MILITARY TRACT MEDICAL SOCIETY,
JAN. 13, 1874, BY L. L. LAMBERT, M.D., GALESBURG, ILL.

MR. PRESIDENT AND GENTLEMEN: I have thought I might with advantage invite your attention to some of the diseases affecting the lachrymal apparatus. I shall not enlarge upon their pathology or diagnosis, but make some general remarks, and some more special, in reference to their treatment.

Diseases of the different parts, one or more, going to make up this apparatus are very common, and receive but too slight attention from the profession generally. I do not think this obtains from a direct want of knowledge of these diseases, and of their appropriate treatment, but, seemingly, only from the indirect manner in which patients are put off by the physician when they call for treatment.

Excuse the diversion; but I would remark here that there is a greater percentage of persons inconvenienced by some derangement of the organs of hearing, than there is of those suffering from disease of any other one organism; and you, gentlemen, are aware of the unconcerned attention paid to ear-patients generally.

In this last class of affections, and in those of the lachrymal apparatus, were all patients to receive, when first they call upon their physician for advice, that faithful attention which nearly all know so well how to favor them with, then would the patient be relieved, would be spared years of inconvenience, and permanent injury averted, which, coming on, remains as an advertisement of the negligence of the physician, who, with the abil-

ity, did not see anything very bright or brilliant to stimulate him to make curative use of his practical knowledge in the direction of these uninviting diseases.

Physicians do have a distaste, as a general thing, for the treatment of nearly all of the diseases of the ear and eye. This is not right. And it is this distaste which so often excuses them—with themselves—for turning patients away with a very casual examination, and with just as casual a prescription. I must say that I think it is such attention, given and received, which causes to be developed a great majority of the worst cases met with in these classes of disease.

But I would confine myself to lachrymal diseases, not alone enumerating names, but would allude to the symptoms and course of some, and speak of the importance of their early treatment; and, if you please, exhibit for your inspection a selection of instruments and appliances I use for their treatment in my practice.

In reference to dacryocystitis, or inflammation of the sac, and to blennorrhœa of sac or mucocele, I need only say that the first-mentioned is an *active* inflammation, while the latter, mucocele, is a passive inflammation of the sac. Either disease may precede, or be followed by, the other, while in the presence of either are developed much the same effects, and much the same course of symptoms. With the symptoms and diagnosis of these diseases you are all familiar. In either case you will notice the small tumor just below the inner canthus, filled, in the case of dacryocystitis, with pus, and, in the case of mucocele, with a gray, viscid mucous of a light color. In the first case you

may fear the formation of a fistulous opening, and a discharge of the pus through the anterior wall of the sac, and through the cutis. In the second case, mucocele, this danger is not so much to be apprehended as that of the escape of the contents of the sac through the puncta, which occurs the more readily since these contents are fluid.

In these cases, when they first occur, or after, the indications for treatment are, first, to provide a ready means of escape for the pus from the sac. This is best accomplished by slitting the lower canaliculus, and possibly also the upper one, well into the sac. For this purpose there have been various knives constructed by Bowman, Weber, and others; but the best instrument is the scissors, such as I show you in this selection. They are much the easier instrument to manipulate, produce the least pain, and are more certain to divide the canaliculus well into the sac. The canaliculus, divided, provides a ready passage for the tears into the sac, and thus the annoying epiphora is relieved, which continuing, the tears flowing over the lower lid, irritate the skin, and this contracts and produces a partial ectropion, which further distorts the lids and puncta; and thus is added a quite serious complication to an already bad disease.

Secondly, ascertain immediately whether there is a stricture, partial or complete, of the nasal duct. This is readily ascertained by the use of Anel's eye-syringe, which I show you, and which is fitted with gold points for insertion into the puncta, and can be used for cleansing the sac and duct, even before the canaliculus is divided. If the fluid readily passes

down into the nostril, there will be no need of using the probe. If it does not, then use the probe. For this purpose I have made choice of a small whalebone, or, better still, a small lead probe; either of which will not allow of sufficient force to produce false passages, and, again, are so pliable as to readily adapt themselves to any curvature they may pass, and in the case of the lead one, when carefully removed, it at once indicates to you the curves to be sought and used, in case a style is found necessary.

In all cases in which water can be made to pass through the duct, I deprecate the use of the probe or style; for, too often, strictures are thus formed where none existed before. But in case we meet with a firm obstruction in the duct, it must be broken down. The lead probe may be found to fail, and you must resort to the silver probe. But this will seldom occur; and in these cases I recommend the immediate use of the style. Now, in my practice I use those made by myself, of lead, and of such size as I may determine in each case, usually commencing with a small size. But whatever style you use at first, never leave it in the passage longer than twenty-four or thirty-six hours, as the existing inflammation is most prone, in all cases, to assume an erysipelatous character, and will soon develop into active and real erysipelas. At first, then, frequently remove the style, and perfectly cleanse the passage. The wearing of an appropriate style is much the better treatment than frequent probings. After the subsidence of all symptoms of active inflammation, the style can be left in for a longer time. But before this, I

would caution you against leaving it in longer than twenty-four or thirty-six hours, and to frequently cleanse the passage. I use as astringents for cleansing the sac and duct, a two or four grain solution of zinci sulph., cupri sulph., acetate of lead, or alum; or, far better than either, a solution of carbolic acid, from one-half to two grains, to one ounce of water.

As a general remark, I would add, if there is nasal catarrh, treat this, that the inflammation may not again extend up the duct and again reproduce the stricture, or the inflammation of the sac, or the mucocoele.

I think that, in nine cases out of ten, if the patient were treated with Anel's eye-syringe, and the frequent free use of the carbolic solution, when he first noticed any difficulty with the tear-passages, stricture would not result: and if at all, would readily yield to this simple treatment; and in quite obstinate cases, a persistence in this treatment will often reward you with the most pleasant and permanent results, probably without having recourse to any other operative treatment than a slitting up of the canaliculus, or, may be, the canaliculi.

In case it should be necessary to wear a style, this, as well as the probe, should always be inserted through the divided canaliculus, following the natural passage.

The practice of puncturing the sac and passing the probe or style through this puncture, has fallen into well-merited disuse.

There is a common practice now of dividing the stricture in several directions, by the use of a knife devised by Dr. Stilling, two of which I show you in this selection of instruments,

The knife is passed into the sac through the divided canaliculus, and thence into the duct, and the stricture divided in at least three or four directions. This practice is a good one, as it does away with the use of the probe and style, and the patient is freed from the inconvenience and annoyance of wearing a style for a long time. But, to compensate for this relief, he has to undergo quite a formidable surgical operation.

In the hands of energetic, skillful, and experienced physicians, this prac-

tice finds much favor, as it accomplishes good cures in a short time.

One more fact I would notice, and that is this, that, in the case of strictures treated with the probe alone, by division, and more especially when the style is used, the after-treatment is of the utmost importance to secure a good result. In fact, it amounts to but little—the mere breaking down of a stricture; and where most fail is in not giving the patient that careful after-treatment of which I have spoken.

POST-MORTEM APPEARANCES OF THE BODY OF ANDREW J. PERTEET (COLORED), EXECUTED AT JOLIET, ILL., DEC. 19TH, A.D., 1873.

REPORTED BY DR. BEN. MILLER, SANITARY SUPERINTENDENT, CHICAGO BOARD OF HEALTH.

THE crime for which this man was executed was that of uxoricide, committed some two years before. The act was done with a razor, the incision beginning at a point about an inch below the angle of the left jaw, partly severing the sterno-mastoid muscle, extending to the right and slightly downward in its course, severing the trachia and the carotid vessels, and pneumogastric nerve of the right side, and chipping off a portion of the transverse process of one the cervical vertebræ.

The gallows on which he expiated his crime was the ordinary upright post cross-beam, with a rope passing through pulleys, and attached to a heavy weight, which had a fall of eight feet. This was held by a lever. After

being pinioned, the noose was placed about his neck, and the lever drawn. The falling of the weight, eight feet, threw his body into the air to a corresponding height, when it fell, with a sudden thud, returning about four feet.

The prisoner was a large, muscular man, with a neck measuring nineteen inches, and weighed two hundred and fifty pounds. I placed my finger on the pulse immediately after he dropped. At that time, no heart-beat was perceptible; but a spasm of the heart could be detected, which, after two or three attempts, began to pulsate, and during the first minute beat 48 strokes; the volume of the pulse was full and bounding, but the beats irregular; at the end of two minutes, still irregular, but weak, and beat-

ing 100 per minute; at three minutes, 120 beats per minute; at three and a half, 130, and very feeble; then it began to beat slower, with slightly increased force; and, at four minutes, had dropped to 60 beats per minute, and very irregular; at five minutes it had fallen to 52, the beats during the last half of the minute being scarcely perceptible; and then stopped; after ten or twelve seconds the heart made several feeble attempts to contract, and then stopped. The body hung thirty minutes, and was then cut down.

The countenance was natural; mouth firmly set, and the pupils of the eyes dilated. The first incision was made just forty minutes after the drop fell: the tissues warm; and the muscular fibers, upon irritation, would contract slightly.

The chest was first examined: lungs healthy; on right side, old pleuritic adhesions; the substance of the lungs was enormously engorged with blood, so much so that I can readily see how apoplexy of the lung might occur from the pressure.

The heart was healthy; on right side, a soft clot was present; the left side empty. The stomach contained about a pint of partly digested

material, of the consistency of tomato soup, consisting of bread, eggs, and water. He had eaten no dinner; ate breakfast at eight A.M., and drank a glass of water just before the drop fell. The mucous membrane was covered with gastric fluid, and presented a beautiful rose-colored appearance. The villi seemed, to the naked eye, to be congested and erect, but perfectly healthy. The kidneys, spleen, and liver were healthy. The bladder was about one-third full of urine.

The head was opened, and the membranes covering the brain exposed. They were found almost bloodless; but on cutting them, a quantity of serum exuded. The brain-substance proper presented the same appearance; and on cutting it, a large quantity of serum exuded. The brain weighed fifty-six and one-half ounces.

The neck was carefully examined, but was found not to be broken. The noose had slipped so that when removed from the neck it measured only thirteen and a half inches, being a compression of five and a half inches. Death was evidently caused by nervous shock, as he died very quickly and easily.

HYDROCELE AND HYDRO-SARCOCELE.

By A. GIVEN, M.D., LOUISVILLE, KY.

IN August, 1873, Mr. E., of New Orleans, aged fifty-five years, gave the following history of his case: Sometime during the winter of 1872 he noticed that the left side of the

scrotum was enlarging. In April, 1873, he was operated on, and a large quantity of liquid was drawn off. In a few weeks after the operation the scrotum was as large as ever. He was

again operated on, and over a pint of serum was drawn off, and a medicated liquid was injected, which caused much pain and inflammation; from which he suffered nine days.

In about two weeks after the last operation, the scrotum was re-filled. He refused to submit to another operation, and applied to me for treatment. I put him upon the use of the following:

R—Camph. soap, liniment, ℥ v.
Tinct. iodine, ℥ j.
Glycerine, ℥ ss.

Mix, and apply to scrotum three times a day.

For internal treatment, he was directed to take twenty-five drops of the muriated tincture of iron, in half a glass of sweetened water, three times a day.

On February 5th, 1874, I received a letter from my patient, stating that, after using the medicines one week, the swelling began to subside. He continued the treatment two months, and might have discontinued it sooner, but was afraid the disease would return.

He closed by saying that he was cured, and that he had not lost a day's work during the treatment.

HYDRO-SARCOCELE.—Mr. W., aged forty years, says that one year ago he received a blow on the testicles, which caused inflammation of the left testicle. The acute symptoms passed off, and left the testicle enlarged and ten-

der. About three months ago, he noticed that the scrotum was enlarging.

Upon examination, I noticed that the left testicle was about three times larger than the right one; and that it was quite painful to the touch; and the scrotum contained a large quantity of serum. The scrotum measured ten inches in circumference. I kept the parts at rest, and put him upon the same plan of treatment as above, and gave opium to relieve pain; and in four weeks he was able to return to his work. The testicle was free from tenderness, but was somewhat larger than the other; the scrotum contained no serum, that I could detect.

I have cured two cases of hydro-sarcocele, and eleven cases of hydrocele, eight in children and three in adults, by the above plan of treatment.

I need not dwell on the therapeutic action of iodine in these affections, for it is, undoubtedly, well understood by the profession.

In regard to the internal use of muriated tincture of iron in hydrocele, I imagine that it assists in the cure by increasing the plasticity of the blood, and thus retards the tendency to dropsical effusions; and, by improving the quality of the red globules of the blood, the parts are stimulated to a more active resorption of the effused serum.

BROMIDE OF CALCIUM.—This remedy, suggested by Dr. Hammond, has been investigated by Dr. Guttmann, of Berlin, whose paper appears in the *Allgemeine Medicinische Central-zeitung*, December 6th. The latter finds

it about one-third or one-fourth as strong as the bromide of potassium, and disagrees entirely both with Dr. Hammond's clinical and chemical theories of its value.—*Phil. Med. and Surg. Reporter.*

Translations.

TREATMENT OF PNEUMONITIS.

BY DR. A. HERMANN, OF PESTH.

Translated for THE EXAMINER, from the Allgemeine Wiener Med. Zeitung, by H. GRADLE.

(Continued from Number IV.)

THE inquiry as to the influence of age on the inflammation of either lung, finds an answer in the following tables:

I.—RIGHT LUNG AFFECTED.

Of 1 case at the age of 9 years, there were no deaths.

16	"	"	"	11-20	"	"	"	1	"
23	"	"	"	21-30	"	"	"	1	"
11	"	"	"	31-40	"	"	"	1	"
10	"	"	"	41-50	"	"	"	2	"
9	"	"	"	51-60	"	"	"	1	"
5	"	"	"	61-70	"	"	"	4	"
4	"	"	"	71-80	"	"	"	3	"
79	"	"	"	-----	"	"	"	12	"

II.—LEFT LUNG AFFECTED.

Of 17 cases at the age of 11-20 years, no deaths.

13	"	"	"	21-30	"	"	"	1	"
11	"	"	"	31-40	"	"	"	no	"
3	"	"	"	41-50	"	"	"	2	"
3	"	"	"	51-60	"	"	"	2	"
3	"	"	"	61-70	"	"	"	no	"
0	"	"	"	71-80	"	"	"	no	"
1	"	"	"	-----	"	"	"	94	"
51	"	"	"	-----	"	"	"	3	"

III.—BOTH LUNGS AFFECTED.

Of 5 cases at the age of 11-20 years, no deaths.

5	"	"	"	21-30	"	"	"	2	"
4	"	"	"	31-40	"	"	"	no	"
1	"	"	"	41-50	"	"	"	no	"
2	"	"	"	51-60	"	"	"	2	"
2	"	"	"	61-70	"	"	"	1	"
19	"	"	"	-----	"	"	"	5	"

Altering this table, for the sake of simplicity, the following results are obtained.

Of 61 cases of inflammation of the right lung, below 50 years, there were 4 deaths—a mortality of 6.5 per cent.

Of 18 cases of inflammation of the right lung, above 50 years, there were 8 deaths—a mortality of 44.4 per cent.

Of 44 cases of inflammation of the left lung, below 50 years, there was 1 death—a mortality of 2.2 per cent.

Of 7 cases of inflammation of the left lung, above 50 years, there were 2 deaths—a mortality of 28.6 per cent.

Of 15 cases of inflammation of both lungs, below 50 years, there were 2 deaths—a mortality of 13.3 per cent.

Of 4 cases of inflammation of both lungs, above 50 years, there were 3 deaths—a mortality of 75.0 per cent.

Further remarks on these statistics are superfluous. Their significance is self-evident; but their practical application is strikingly illustrated by the unequal success in different years, though the locality, the accommodations, the nursing, and even the treatment, were the same for all patients. Of the cases of genuine pneumonitis treated, there were—

In 1866,	7 cases,	with 3 deaths,	or 42.8 per cent.
" 1867, 19	"	1	" 5.2
" 1868, 28	"	2	" 7.1
" 1869, 19	"	2	" 10.5
" 1870, 36	"	8	" 22.2
" 1871, 33	"	6	" 18.1
" 1872, 21	"	3	" 14.2

As before stated, the surrounding circumstances were not altered during the entire period. The varying mortality, therefore, of 42.8 per cent. one year, followed by 5.2 per cent. the next, rising subsequently again to 22.2 per cent., can only be accounted for by the differing malignancy of the disease, and the age.

Unable to explain the difference in severity, physicians of former times escaped the ensuing dilemma by assumption of an arbitrary "Genius Epidemicus," a spirit which would now and then slight, and again favor, the individual practitioner—an ingenious little device, quite satisfactory in those times, and certainly as scientific as some expressions of our

modern terminology. If, for instance, of a number of children of the same parents, equally reared and educated, one or two present the scrofulous diathesis, while the rest escape, the term, "Predisposition to scrofulosis" conveys, certainly, no more information than the ancients derived from a consultation of the "Genius Epidemicus." Critical observation, however, has rendered this evil spirit more tangible. The fanciful outgrowth of imagination, taking the place of patient investigation and deliberate reasoning, could not maintain its existence against the results of these better methods of research; and partially, at least, is the present generation familiar with the influences and conditions whose sum represents the "Genius Epidemicus." But to judge correctly of the import of each influence, circumstance, as age, sex, constitution, hygienic relations, previous health, etc., is a problem, the solution of which will differ with the subjective view of the physician, who, perhaps, unacquainted with, or underrating one, will comparatively overestimate the other; whence, the *tout ensemble*, in a prognostic aspect, will not be of the same significance with different observers. Therefore, when Juergensen speaks of a pneumonitis disappearing in twenty-four to thirty hours, the author, without any personal insinuations whatever, cannot but doubt such an occurrence—at least, denies having seen it; and, since he affirms that all doubtful cases have been rigorously excluded from his analysis, *can conscientiously maintain that no difference in the inherent malignancy of his cases existed.*

Paying due consideration to the

age of the patient, which, alone, will not explain the great discrepancy of the results, another factor is to be sought in the extent of lesion, the involvement of one or more lobes, the affection of the right or left side, or both; and this theoretical explanation is sustained by the analysis below:

1866—	3	cases inflam'n	right	lung, with	no deaths.
"	3	"	both	"	"
"	1	"	(?)*	"	"
Tot'l,	7	"	-----	"	3—42.8 p.c.
1867—	10	cases inflam'n	right	lung, with	no deaths.
"	5	"	left	"	"
"	3	"	both	"	"
"	1	"	(?)*	"	no "
Tot'l,	19	"	-----	"	1—5.2 p.c.
1868—	11	cases inflam'n	right	lung, with	1 death.
"	9	"	left	"	"
"	4	"	both	"	no "
"	4	"	(?)*	"	1 "
Tot'l,	28	"	-----	"	2—7.1 p.c.
1869—	6	cases inflam'n	right	lung, with	1 death.
"	9	"	left	"	"
"	4	"	both	"	no "
Tot'l,	19	"	-----	"	2—10.5 p.c.
1870—	23	cases inflam'n	right	lung, with	6 deaths.
"	10	"	left	"	"
"	3	"	both	"	1 "
Tot'l,	36	"	-----	"	8—22.2 p.c.
1871—	16	cases inflam'n	right	lung, with	2 deaths.
"	9	"	left	"	no "
"	2	"	both	"	"
"	6	"	(?)*	"	2 "
Tot'l,	33	"	-----	"	6—18.1 p.c.
1872—	12	cases inflam'n	right	lung, with	2 deaths.
"	8	"	left	"	1 "
"	1	"	both	"	no "
Tot'l,	21	"	-----	"	3—14.2 p.c.

SUMMARY:

Cases.....	163
Deaths.....	25
Mortality (per cent.).....	15.34

These facts throw a decidedly dubious light on the superiority of any treatment, if judged by the comparative mortality in a certain number of cases, unless they are completely specified and classified; for how are we to know whether or not the "Genius Epidemicus" did not extend its arbitrary partiality to the physician who records the analysis, and favor him with, perhaps, unusually light cases, or with individuals of tough

* Unknown which side affected.

constitution and great powers of endurance, to the detriment of his neighbor, whose ill-fate may have conducted him to the bedside of patients struggling in vain for life? But the great discrepancy in the mortality of different years finds no sufficiently satisfactory cause in the seat of the lesion. The author, therefore, cites the variation of the other factor referred to—the age :

1866—	3	cases	below 50	years, with	no deaths.
"	3	"	above 50	"	3
"	1	"	unknown	"	no
1867—	18	"	below 50	"	1
"	1	"	above 50	"	no
1868—	23	"	below 50	"	no
"	3	"	above 50	"	2
"	2	"	unknown	"	no
1869—	16	"	below 50	"	1
"	3	"	above 50	"	1
1870—	27	"	below 50	"	3
"	9	"	above 50	"	5
1871—	24	"	below 50	"	1
"	9	"	above 50	"	5
1872—	15	"	below 50	"	no
"	6	"	above 50	"	3

The therapeutic measures were not altered during the entire period; but had they been during any special year, the remedial triumph that might have been claimed in 1867-68, could not have been disputed by an unbiased judge; and only the knowledge obtained from a careful and extended series of statistics, would prevent a candid observer from falling into error in this direction.

Perhaps a more correct criterion of the success of any treatment, is to be found in the duration of the disease thus influenced; and, substituting for the length of time of the affection (which is frequently beyond accurate computation) the period of hospital residence, the author reports this as—

From	1	to	7	days	for	6	patients.
"	8	"	14	"	"	47	"
"	15	"	21	"	"	46	"
"	22	"	28	"	"	18	"
"	29	"	35	"	"	14	"
"	36	"	42	"	"	4	"
"	43	"	45	"	"	3	"
Total, 138							"

The average number of days of hospital residence is expressed by 18.37 days; and, since rarely a patient enters the building but that three times twenty-four hours have elapsed since the onset of the disease, twenty-one days can be taken as the average duration of pneumonitis.

Since age exercises such vast influence on the mortality, it might be profitable to study the extent of its sway on the duration of the disease; an answer to which inquiry is furnished in the following table :

At age of 9 years.	11-20 yrs.	21-30 yrs.	31-40 yrs.	41-50 yrs.	51-60 yrs.	61-70 yrs.	71-80 yrs.	81-90 yrs.	Patients remained in the Hospital.		
1	17	16	2	1	2	1	1	1	1	to	7 days.
2	14	14	3	3	3	3	3	3	3	8	14
3	5	3	3	3	3	3	3	3	3	15	21
4	2	1	1	1	1	1	1	1	1	22	28
5	1	1	1	1	1	1	1	1	1	23	35
6	1	1	1	1	1	1	1	1	1	24	42
7	1	1	1	1	1	1	1	1	1	25	45
8	1	1	1	1	1	1	1	1	1	26	48
9	1	1	1	1	1	1	1	1	1	27	51
10	1	1	1	1	1	1	1	1	1	28	54
11	1	1	1	1	1	1	1	1	1	29	57
12	1	1	1	1	1	1	1	1	1	30	60
13	1	1	1	1	1	1	1	1	1	31	63
14	1	1	1	1	1	1	1	1	1	32	66
15	1	1	1	1	1	1	1	1	1	33	69
16	1	1	1	1	1	1	1	1	1	34	72
17	1	1	1	1	1	1	1	1	1	35	75
18	1	1	1	1	1	1	1	1	1	36	78
19	1	1	1	1	1	1	1	1	1	37	81
20	1	1	1	1	1	1	1	1	1	38	84
21	1	1	1	1	1	1	1	1	1	39	87
22	1	1	1	1	1	1	1	1	1	40	90
23	1	1	1	1	1	1	1	1	1	41	93
24	1	1	1	1	1	1	1	1	1	42	96
25	1	1	1	1	1	1	1	1	1	43	99
26	1	1	1	1	1	1	1	1	1	44	102
27	1	1	1	1	1	1	1	1	1	45	105
28	1	1	1	1	1	1	1	1	1	46	108
29	1	1	1	1	1	1	1	1	1	47	111
30	1	1	1	1	1	1	1	1	1	48	114
31	1	1	1	1	1	1	1	1	1	49	117
32	1	1	1	1	1	1	1	1	1	50	120
33	1	1	1	1	1	1	1	1	1	51	123
34	1	1	1	1	1	1	1	1	1	52	126
35	1	1	1	1	1	1	1	1	1	53	129
36	1	1	1	1	1	1	1	1	1	54	132
37	1	1	1	1	1	1	1	1	1	55	135
38	1	1	1	1	1	1	1	1	1	56	138
39	1	1	1	1	1	1	1	1	1	57	141
40	1	1	1	1	1	1	1	1	1	58	144
41	1	1	1	1	1	1	1	1	1	59	147
42	1	1	1	1	1	1	1	1	1	60	150
43	1	1	1	1	1	1	1	1	1	61	153
44	1	1	1	1	1	1	1	1	1	62	156
45	1	1	1	1	1	1	1	1	1	63	159
46	1	1	1	1	1	1	1	1	1	64	162
47	1	1	1	1	1	1	1	1	1	65	165
48	1	1	1	1	1	1	1	1	1	66	168
49	1	1	1	1	1	1	1	1	1	67	171
50	1	1	1	1	1	1	1	1	1	68	174
51	1	1	1	1	1	1	1	1	1	69	177
52	1	1	1	1	1	1	1	1	1	70	180
53	1	1	1	1	1	1	1	1	1	71	183
54	1	1	1	1	1	1	1	1	1	72	186
55	1	1	1	1	1	1	1	1	1	73	189
56	1	1	1	1	1	1	1	1	1	74	192
57	1	1	1	1	1	1	1	1	1	75	195
58	1	1	1	1	1	1	1	1	1	76	198
59	1	1	1	1	1	1	1	1	1	77	201
60	1	1	1	1	1	1	1	1	1	78	204
61	1	1	1	1	1	1	1	1	1	79	207
62	1	1	1	1	1	1	1	1	1	80	210
63	1	1	1	1	1	1	1	1	1	81	213
64	1	1	1	1	1	1	1	1	1	82	216
65	1	1	1	1	1	1	1	1	1	83	219
66	1	1	1	1	1	1	1	1	1	84	222
67	1	1	1	1	1	1	1	1	1	85	225
68	1	1	1	1	1	1	1	1	1	86	228
69	1	1	1	1	1	1	1	1	1	87	231
70	1	1	1	1	1	1	1	1	1	88	234
71	1	1	1	1	1	1	1	1	1	89	237
72	1	1	1	1	1	1	1	1	1	90	240
73	1	1	1	1	1	1	1	1	1	91	243
74	1	1	1	1	1	1	1	1	1	92	246
75	1	1	1	1	1	1	1	1	1	93	249
76	1	1	1	1	1	1	1	1	1	94	252
77	1	1	1	1	1	1	1	1	1	95	255
78	1	1	1	1	1	1	1	1	1	96	258
79	1	1	1	1	1	1	1	1	1	97	261
80	1	1	1	1	1	1	1	1	1	98	264
81	1	1	1	1	1	1	1	1	1	99	267
82	1	1	1	1	1	1	1	1	1	100	270
83	1	1	1	1	1	1	1	1	1	101	273
84	1	1	1	1	1	1	1	1	1	102	276
85	1	1	1	1	1	1	1	1	1	103	279
86	1	1	1	1	1	1	1	1	1	104	282
87	1	1	1	1	1	1	1	1	1	105	285
88	1	1	1	1	1	1	1	1	1	106	288
89	1	1	1	1	1	1	1	1	1	107	291
90	1	1	1	1	1	1	1	1	1	108	294
91	1	1	1	1	1	1	1	1	1	109	297
92	1	1	1	1	1	1	1	1	1	110	300
93	1	1	1	1	1	1	1	1	1	111	303
94	1	1	1	1	1	1	1	1	1	112	306
95	1	1	1	1	1	1	1	1	1	113	309
96	1	1	1	1	1	1	1	1	1	114	312
97	1	1	1	1	1	1	1	1	1	115	315
98	1	1	1	1	1	1	1	1	1	116	318
99	1	1	1	1	1	1	1	1	1	117	321
100	1	1	1	1	1	1	1	1	1	118	324
101	1	1	1	1	1	1	1	1	1	119	327
102	1	1	1	1	1	1	1	1	1	120	330
103	1	1	1	1	1	1	1	1	1	121	333
104	1	1	1	1	1	1	1	1	1	122	336
105	1	1	1	1	1	1	1	1	1	123	339
106	1	1	1	1	1	1	1	1	1	124	342
107	1	1	1	1	1	1	1	1	1	125	345
108	1	1	1	1	1	1	1	1	1	126	348
109	1	1	1	1	1	1	1	1	1	127	351
110	1	1	1	1	1	1	1	1	1	128	354
111	1	1	1	1	1	1	1	1	1	129	357
112	1	1	1	1	1	1	1	1	1	130	360
113	1	1	1	1	1	1	1	1	1	131	363
114	1	1	1	1	1	1	1	1	1	132	366
115	1	1	1	1	1	1	1	1	1	133	369
116	1	1	1	1	1	1	1	1	1	134	372
117	1	1	1	1	1	1	1	1	1	135	375
118	1	1	1	1	1	1	1	1	1	136	378
119	1	1	1	1	1	1	1	1	1	137	381
120	1	1	1	1	1	1	1	1	1	138	384
121	1	1	1	1	1	1	1	1	1	139	387
122	1	1	1	1	1	1	1	1	1	140	390
123	1	1	1	1	1	1	1	1	1	141	393
124	1	1	1	1	1	1	1	1	1	142	396
125	1	1	1	1	1	1	1	1	1	143	399
126	1	1	1	1	1	1	1	1	1	144	402
127	1	1	1	1	1	1	1	1	1	145	405
128	1	1	1	1	1	1	1	1	1	146	408
129	1	1	1	1	1	1	1	1	1	147	411
130	1	1	1	1	1	1	1	1	1	148	414
131	1	1	1	1	1	1	1	1	1	149	417
132	1	1	1	1	1	1	1	1	1	150	420
133	1	1	1	1	1	1	1	1	1	151	423
134	1	1	1	1	1	1	1	1	1	152	426
135	1	1	1	1	1	1	1	1	1	153	429
136	1	1	1	1	1	1	1	1	1	154	432
137	1	1	1	1	1	1	1	1	1	155	435
138	1	1	1	1	1	1	1	1	1	156	438
139	1	1	1	1	1	1	1	1	1	157	441
140	1	1	1	1	1	1	1	1	1	158	444
141	1	1	1	1	1	1	1	1	1	159	447
142	1	1	1	1	1	1	1	1	1	160	450
143	1	1	1	1	1	1	1	1	1	161	453
144	1	1	1	1	1	1	1	1	1	162	456
145	1	1	1	1	1	1	1	1	1	163	459
146	1	1	1	1	1	1	1	1	1	164	462
147	1	1	1	1	1	1	1	1	1	165	465
148	1	1	1	1	1	1	1	1	1	166	468
149	1	1	1	1	1	1	1	1	1	167	471
150	1	1	1	1	1	1	1	1	1	168	474
151	1	1	1	1	1	1	1	1	1	169	477
152	1	1	1	1	1	1	1	1	1	170	480
153											

of the disease, is liable to be misinterpreted, without due regard to all accompanying circumstances.

A slight doubt is perhaps admissible, whether the time of discharge was determined by an invariable guide. The author informs us that the completion of hospital residence was governed by the perfectly normal temperature, the absence of abnormal results by percussion and auscultation, and such a degree of physical and mental well-being of the patient as to induce a desire for a change of location; but even if a slight inaccuracy does exist in these cases, there is certainly none in the record of deaths. As before remarked, 25 patients out of 163 succumbed to the disease; and of these,

8	died	1	to	3	days	after	admission	to	the	hospital.
9	"	4	"	7	"	"	"	"	"	"
5	"	8	"	11	"	"	"	"	"	"
3	"	12	"	16	"	"	"	"	"	"

The first week, therefore, closed with 68 per cent. of all deaths; and as the mean duration of life, in these cases, was found to be 5.96 days, this analysis, as well as universal experience, justifies the physician in giving

hope after the lapse of the first week. In examining the influence of age on the lease of life, in this affection, results like the following are obtained:

Below 50 yrs.	Above 50 yrs.	Patients survived.		
1	7	1	to	3 days.
3	6	4	"	7 "
2	3	8	"	11 "
1	2	12	"	16 "

Or, in giving a *resume*: of patients below 50 years of age, 57.1 per cent. died the first week, and 42.8 per cent. the second; while of those above 50 years, 72.2 per cent. died the first week, and 27.7 the second.

The hints to be derived from these figures, for prognosis, are, *that the ratio of mortality in pneumonitis increases with the age; and that the older the patient, the sooner will he succumb*: since three-fourths of the fatal cases above fifty years of age did not survive the first week, and none the second; while but one-half of the younger victims of death failed in the first seven days, and a number only after the second week.

(To be continued.)

NOTES ON SYPHILIS AND DERMATOLOGY.

Translated for THE EXAMINER, from *La France Medicale* of Dec. 20th, 1873, Jan. 3d, '74: *Le Progres Medical*, Dec. 27th, 1873.

GUMMY TUMOR OF THE RIGHT INDEX (*La France Medicale*).—

Dr. P. Labarthe was consulted by a cabinet-maker, who exhibited to him a tumor of the size and appearance of a pigeon's egg, situated upon the radial side of the first phalanx of the index finger; painless; well-defined; having a smooth surface, resting upon

an indurated base, with a central portion somewhat softer, but non-fluctuating, and presenting an uniformly reddish-violet tint.

It had existed for the previous three months and a half, and had been poulticed with subsequent application of compresses, to no purpose.

The slow development of the

growth, its painlessness, and the absence of fluctuation, pointed to something distinct from the enlarged bursæ which form in this location as a consequence of the manipulations of artisans.

The history of the case precluded the possibility of the previous entrance of a fragment of some foreign substance, introduced through the skin, and becoming subsequently encysted. These occurrences are, besides, exceedingly rare. There was no history of rheumatism.

Subsequent to this interview, Dr. Labarthe read an article by M. Verneuil, in the *Gazette Hebdomadaire*, on "Tertiary Syphilitic Affections of the Subcutaneous and Tendinous Bursæ," in which two cases were detailed. In the first, a tumor developed, in 1872, from the bursa serosa, situated upon the anterior tuberosity of the tibia, in a woman of fifty-two, who had an infecting chancre in 1863. In the second case, that of a young physician, affected with the disease four years before, the same development originated in the bursæ of the muscles of the thighs.

Dr. Labarthe at once sought his patient, and discovered, on questioning him, that he had suffered from a blennorrhagia when seventeen years old; and three years later had, consecutively, infecting sore, crusts upon the hairy scalp, and soreness of mouth and fauces. The diagnosis of a syphilitic gummy tumor was at once concluded upon, and became justified by the result, as the tumor disappeared completely in one month, after local frictions with mercurial ointment, and the internal exhibition of the iodide of potassium.

RETRO-PHARYNGEAL ADENITIS (*La France Medicale*).—A fleshy woman, twenty-two years of age, of sanguine temperament, eight months pregnant, and syphilitic since her conception, consulted M. Depres for sore throat and inguinal adenopathy. He established, mucous patches of the velum and palate, and a tumefaction as large as a nut, on the posterior and left lateral pharyngeal wall, surrounded by granulations. By the finger, it was ascertained that the swelling was occasioned by hypertrophy and inflammation of the lymphatic ganglia of that region. The indurated mass was distinctly rounded, almond-shaped; painful on pressure; and somewhat mobile. Another similar mass, smaller, and only as large as a pea, was distinguished below. Otherwise the subjective symptoms were not marked—there was neither dysphagia, fever, nor affection of the auditory apparatus; merely a somewhat painful motion of the jaws. There was no nasal voice, fluctuation, nor the existence of an œdematous zone around the induration; hence resolution was expected. It was regarded as a case of benign syphilis, the mucous patches of the throat and vulva, and the pharyngeal and inguinal adenopathy being its sole manifestations.

The patient was entirely relieved by the usual internal treatment, in combination with an ioduretted solution of zinc, applied locally.

SYPHILITIC CIRRHOSIS OF THE LIVER (*Le Progres Medical*).—A woman who was profoundly cachetic, and who had never suffered from paludal fevers, nor the sequelæ of alcoholism, had required several courses of mercurial treatment for the relief of a

complete series of secondary and tertiary syphilitic accidents: notably periostitis and incomplete amaurosis, from probable choroiditis. The malady had existed for some three or four years, and had brought about various digestive disorders and general feebleness. She died soon after her removal to hospital.

At the autopsy, the liver was found to weigh but little more than one pound, and to measure, in its transverse diameter, seven and one-half inches. Its aspect was exceedingly characteristic. It exhibited a series of irregular prominences and depressions on the superior and inferior surfaces. At the level of the depressions, its fibrous envelope was thickened and whitish, but did not appear to extend by deep prolongations into the hepatic parenchyma. In the intervals of these fibrous tracts, the entire surface of the organ displayed a considerable number of small yellow granulations, as large as a mustard-seed. The vena porta was permeable, and the subhepatic veins returned an injection passed into the former, while the intralobular veins on section exhibited the coloring matter introduced. The microscopic examination of the liver revealed islets of cellules, separated by a strip of yellow connective tissue. There was evident proliferation of connective tissue about the branches of the portal vein. Syphilitic cirrhosis was determined to be the cause of death.

In the discussion of this case before the Anatomical Society, M. Lucas-Championniere stated that the microscopical characters of the specimen exhibited, were not demonstrative of syphilis, since many alcoholic cirrhoses possessed similar appearances.

M. Cornil remarked that the liver was small, lobulated, and irregular. These are the characteristics of every cirrhosis arrived at the atrophic condition, whatever be its origin. We cannot, therefore, decide that this woman was syphilitic. The most interesting feature of the specimen is the injection of the still permeable capillaries, despite the ascitic symptoms observed during life. This fact stands in marked contrast with the ideas of the German authors, who admit that, in these cases, the hepatic circulation is dependent solely upon the hepatic artery. Here is undoubtedly an interesting field for observation and research.

ERYTHEMA MARGINATUM, AND ITS RELATION TO RHEUMATISM (*Le Progres Medical*).—There are two principal varieties of the cutaneous affections designated as erythema. In the one class, the disease depends generally upon an external and a local cause, and is always circumscribed and limited to a single region; in the other, it is the result of an internal cause, and is more or less generalized in extent. Authors are generally agreed as to the fact of some general condition, which is manifested by a generalized erythema. They differ, however, in the definition of this general condition. This is true of erythema nodosum, and also of the varieties erythema papulatum, marginatum, etc., classified by Hebra under the general denomination of polymorphous erythema.

Those who rely upon the co-existence of articular pain with this exanthem, consider it to be a cutaneous manifestation of the rheumatic diathesis. Bazin declares that "Erythema papulatum, erythema marginatum, and erythema nodosum, are arthritic

in character." Trousseau, in his "Clinic of the Hotel Dieu," Fer-
rand, in his "Thesis on the Rheumatic
Exanthemata," and Legroux, in the
discussion before the Medical Society
of the Hospitals, hold to the same
opinion.

Others, however, do not consider
that the articular pains authorize them
to accept this conclusion. MM. See
and Vigla, in the Report of the So-
ciety referred to above, affirm that
these vague sensations of pain in the
neighborhood of the joints, or in the
continuity of members, are totally
different from the rheumatic pains.

"I have seen," says Gubla (*Bulletin
de la Societie Medicale des Hopitaux*),
"cases of erythema nodosum, in
which the articulations were painful,
and distended with effusions. I have
even seen the same disease complica-
ted by endocardiac souffle, which
might lead to suspicions of rheumatic
complication; but I believe there was
in these cases merely a nodose ery-
thema, with morbid manifestations in
the serous linings of the joints and
internal membrane of the heart, re-
sembling, but not actually producing,
rheumatism. I protest against the
application of the term rheumatism
to certain painful sensations in the
joints. M. Trousseau would have us
believe in a scarlatinal rheumatism;
and I once told him that if an effusion
into a joint was proof positive of
rheumatism, our medical philosophy
was worthless. The painful sensa-
tions of the joints in scarlatina and
erythema nodosum are rheumatoid,
not rheumatic.

M. Hardy (*Nouv. Dict. de Med. et
Chir.*, Art. "Erythema,") expresses
himself in a similar way. He has
noticed the fact of these articular

pains in some cases of erythema papu-
latum, and, on two occasions, inflam-
matory affections of the endo and
pericardium; "but in the majority of
cases, these articular phenomena are
wanting. The rheumatismal arthritis
is quite similar to that occurring in
scarlet fever." He says, further,
"Generalized erythematous eruptions
depend upon a general cause, and are
so similar to the eruptive fevers that
they might be arranged in the same
class."

Accordingly, in his "Internal Pa-
thology," M. Hardy describes the
localized erythematata in connection
with the diseases of the skin; and the
generalized eruptions are considered
in the chapter on Eruptive Fevers.

Jonathan Hutchinson goes a step
further, and seems disposed to admit
that one attack of erythema nodosum
or papulatum, produces immunity
from a second, and urges men of ob-
servation to consider whether it is not
contagious.

Such are the principal opinions now
prevalent on the subject of generalized
erythematous eruptions. They have
been detailed as an introduction to
the following case:

A servant girl, previously healthy,
in good flesh, twenty-one years of age,
and a blonde, entered the Hotel Dieu
April 11, 1873. Neither she nor her
parents had ever suffered from any
form of rheumatic complaint. Three
days before, her menstrual secretion
had been arrested, after a two days' flow
(instead of eight, which had been
her usual period of sickness), and she
had, since that date, suffered from
lassitude, general malaise, and mod-
erate cephalalgia.

On admission, there was established,
a few sibilant rales in the chest; a

pulse of 100 beats; a slightly red and coated tongue, with some nausea; slight redness of pharynx, and moderate heat of skin. On the surface of the abdomen and back were disseminated spots of variable form and size (circular and elongated and semi-lunar), of a delicate pale rose, almost yellow, color in the center, and moderately red at the edges, the latter tint disappearing temporarily under pressure, while the former persisted, especially in the larger patches. The center seemed somewhat depressed, while the borders of each spot were elevated to such an extent as to be appreciable by the sight and the touch. The eruption had begun upon the arms, where merely brown maculae could now be detected, and had extended to the surface of the chest by the evening of the 10th, when it assumed a paler and more yellow (almost copper-colored) hue. This character, taken in connection with the form of certain of the patches, made room for a suspicion of syphilis. The eruption was accompanied by no pain nor itching.

The eruption gradually invaded the entire surface of the integument, as far as the lower extremities, becoming rather more yellow in shade, up to the evening of the 13th, when the patient complained of pain in the elbows and knees. This was subsequently accompanied by very great tenderness, and rosiness of the integument covering the joints. The eruption, meantime, persisted, but commenced to decline on the 15th, when a systolic murmur became audible at the cardiac apex, and the first sound of the heart imperfectly audible at its

base. On the 17th, the eruption had completely disappeared. Then succeeded abundant night-sweats, friction sounds over the pericardium, several returns of the eruption on the trunk and lower extremities, alternating, apparently, with articular pain and effusion; and finally, distinct aortic insufficiency was displayed to the eye by the sphygmograph. The joints of the digital phalanges became involved somewhat later, and exhibited protuberances (nodosities of Heberden), which were slow to improve.

It was concluded that, at least in certain cases, the exanthems designated as erythema marginatum, papulatum, etc., have an evident connection with the rheumatic diathesis.

J. N. H.

DANGER OF INTRA-UTERINE INJECTIONS. — The *Gazette de Joulin* gives the details of two cases, which show that while intra-uterine injections are energetic agents in modifying the conditions of this mucous cavity, they should be employed only with caution.

In one case, though the patient had become enfeebled by repeated hæmorrhage, she endured, without suffering inconvenience, two injections of the uterine cavity. A third, consisting of a weak infusion of chamomile and diluted perchloride of iron, was succeeded by death in thirty hours, after decided symptoms of subacute peritonitis. The mucous lining of the uterus and right fallopian tube, and the adjacent peritoneal surface, were found, after death, covered with an ink-black clot, and presenting unmistakable evidences of inflammation.

J. N. H.

Editorial Department.

CHICAGO MEDICAL COLLEGE. — PUBLIC COMMENCEMENT EXERCISES.

THE Annual Commencement Exercises of this institution were held in the amphitheater of the College, on Tuesday afternoon, March 10th, 1874, commencing at 2 o'clock P.M.

The large room was closely crowded with an audience of gentlemen and ladies. C. H. Fowler, President of the Northwestern University, presided, and conferred the Degree of Doctor of Medicine on forty-four candidates, the *Ad Eundem* Degree on one, and the Honorary Degree on one. The names of the graduates are as follows:

ORDINARY DEGREES. — Mortimer David Allen, Washington Beale Anderson, William Clarence Bedford, James Charles Bigelow, Horace Henry Briggs, Henry James Brooks, Xenophon Chapman, Willis F. Cobb, Lewis Samuel Cole, Edward DeWitt Converse, Lucien Charles Cowles, James Bennet Corr, Marion Carroll Dale, Edmund James Downing, Noble Fillmore Felker, William Herron Gale, Henry Gradle, James Isaac Hale, Wilford F. Hall, William Hausman, William Gardiner Hill, Charles Hervey Hunt, George Merrit Illingworth, Alexander Porter Kell, Gideon P. Kidd, Vallorous Frank Kinney, Frederick Falkenberg Laws, James Martin McClanahan, Edson Carey Miller, John Hestor Mitchell, Wilmot Leland Ransom, Frank C. A. Richardson, Frederick Julius Schlieman, Elijah Jaffries Snitcher, Charles Chester Sperry, Henry Joseph Stalker,

John Christian Sundburg, John David Tritton, William Foote Whyte, Edwin Percy B. Wilder, George Edwin Willard, George Washington Willeford, Frederick C. Winslow, Dallis M. Wick.

AD EUNDEM DEGREE. — Loyal Firman Crawford, M.D.

HONORARY DEGREE. — Charles C. Hamrick.

The President accompanied the conferring of the degrees by a short, but highly appropriate and impressive, charge to the graduates, which was responded to, on behalf of the class, by Mr. Kinney, whose address, both in style and sentiment, was admirable.

The prize for the best thesis was awarded to Mr. H. Gradle; and that for the second best, to J. H. Mitchell.

The exercises were varied, at suitable intervals, by good music, and were closed by an excellent general valedictory address, by Prof. H. P. Meriman.

The spring and summer course of instruction in the College will commence on Monday, the sixth day of April next, and will be very profitable to all such students as can remain in the city.

DEATH OF DR. A. HERMANN. —

On the seventh day of January, 1874, inexorable death snatched from the midst of his many friends, Dr. A. Hermann, of Pesth, the author of the

series of articles on pneumonitis, now in translation in *THE EXAMINER*. The perusal of the abbreviated papers cannot but call forth admiration for his thorough, logical, and careful methods of research, his keen appreciation of facts, and the spirit of candor pervading his writings—of which a large variety and number have preceded his present one—and convince

the reader of the great loss to science by the untimely death (at the age of thirty-seven years) of such a talented and promising disciple. The cause of his departure is stated, by some, as acute muscular rheumatism; while others speak of hydrophobia, following a slight injury from a dog's teeth, which was neglected till it ended in this fearful manner. H. G.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF MARCH 9TH, 1874.

THE Society met as usual, in the parlor of the Grand Pacific Hotel, the President in the chair.

The minutes of the preceding meeting were read and approved.

Dr. R. H. Bingham, of Castleton Medical College, N. Y., was unanimously elected to membership; and the name of Dr. C. T. Parkes, of Rush Medical College, presented by Dr. Owens as a candidate.

Dr. W. C. Lyman then read an "Abstract of Cases Treated in the Woman's Hospital of the State of Illinois, during the year 1873." Typical cases were reported of several forms of diseases peculiar to women, and these selected from those long under consecutive treatment, in order that the tabulated results might be trustworthy. Five cases of subinvolution of the uterus were cited, in

which the period which had elapsed since parturition, varied from three months to six years; ages, from twenty-three to thirty-eight years; average age, twenty-nine years; duration of treatment, two to twenty months; average duration of treatment, five months; number of local applications, four to fifty-nine; average number of local applications, eighteen. The treatment consisted, generally, of the application of nitric acid to the cervical and uterine cavities, followed by glycerine and cotton-ball pessaries, saturated with the same, kept in contact with the parts for twenty-four hours. These applications were followed by some pain, and slight hæmorrhage, readily yielding, however, to treatment by the recumbent position only. Other applications used were, saturated solu-

tion of tannin, in glycerine; Lugol's solution of iodine and glycerine; and solutions of the muriated tincture of iron.

Twenty-six cases of endometritis were next referred to, in which lesions existed of both fundus and cervix. In six of these, there was also ulceration or erosion of the margins of the os. Of the entire number, sixteen were married, and ten single; ages, from twenty-one to forty-three years: average, thirty-one; number of applications, from six to forty-eight: average, twenty-one; duration of treatment, one to twelve months: average, somewhat more than one month. Treatment, generally, by local applications of Churchill's tincture of iodine; solution of tannin, in glycerine; of the nitrate of silver, etc.; internally, mineral acids, vegetable bitters, and ferruginous preparations.

Seven cases of abnormal position of the womb were then considered, the larger number of which were treated without mechanical support, the key to the difficulty having been found in the relief of the inflammatory symptoms. Of these, five were married, and two single. Average duration of treatment, three and one-half months; average number of applications, sixteen; average age, twenty-four years. One of these cases was relieved by the application of a solution of argenti nitras, one-half drachm to the fluid ounce, introduced twice a week into the cervical cavity. Another was treated satisfactorily by the wearing of Hodge's closed lever pessary.

In all cases, special indications were promptly met.

Dr. P. S. Hayes then read that portion of the Annual Report of the Section on Pathology having regard to the nervous system. The Report was exhaustive of such material as had been published during the preceding year, on the pathology of nervous diseases. On motion, the Report was accepted.

Dr. John E. Owens then, by request of several members, made a verbal report of the operation of ovariectomy, recently done by himself, at St. Luke's Hospital. The patient was a woman, over fifty years of age, and multiparous; and the abdomipal tumor was as large as that of a pregnant female at the eighth month. Anæsthesia was induced by chloroform and ether, and the thin abdominal walls incised, without loss of blood, to a distance of six or seven inches in the mesial line, below the umbilicus. The tumor was exposed, and, as no attachments were discovered, it was readily turned out from the abdominal cavity. A single cyst, which ruptured during this process, discharged its contents into a basin held for that purpose. The tumor was found to consist of a mass of colloid material resembling, in consistency and appearance, calves'-foot jelly; and a similar degeneraton was discovered in the vermiform appendix, which was enlarged six-fold. The external surface of the small intestines was covered with red granulations, in the vicinity of the tumor, and argued ill for the success of the operation. The pedicle was secured by a clamp—an opening left for drainage—and, on the tenth day, the wound had united, and the general condition of the patient found to be as favorable as could be expected.

The speaker also read details of the following cases, occurring in St. Luke's Hospital:

CASE I.—GASO-PURULENT ABSCESS IN THE ABDOMINAL WALLS.—Sept. 17th, 1873, an unmarried girl, nineteen years of age, was admitted, with specific vaginitis. A diffused, inflammatory induration appeared, subsequently, in the abdominal walls, which was so far relieved that she left the hospital, but returned, in three and a half months, with aggravation of her symptoms, and inflammatory fever. Subsequently, a gaso-purulent abscess formed, which was left to open spontaneously. It burst in ten days after the re-admission, giving exit to a large quantity of foetid pus and sulphuretted hydrogen gas. Convalescence was rapid; and the patient was discharged Dec. 23d, 1873.

CASE II.—PARACENTESIS, AND IMPROVEMENT FROM USE OF DRAINAGE-TUBE (*Service of Dr. M. O. Heydock*).—A young man, twenty-one years of years, entered Feb. 22d, 1872, with pleuro-pneumonia, which proceeded to a point where a fatal issue became imminent, when Dr. Owens gave exit to five pints of pus, by paracentesis, May 17th. In about one month it became necessary to repeat this operation, when a drainage-tube was inserted, which remained *in situ* till July 30th, when it was removed, in the fear that it might operate as a seton. But, in September, an aggravation of the symptoms occurred, when a third tapping of the chest was effected, and the drainage-tube re-introduced. This the patient has worn now, to his great advantage, for nearly one year and a half; and he reappeared in the hospital a few days since, in order to have the tube, which

had grown weak from its long contact with pus, changed for a new one.

Can the tube now be altogether dispensed with? Six or eight weeks ago, a fragment of exfoliated bone, about one inch in length, was removed from the wound. Forced respiration is distinctly audible over almost all the surface of the chest. The discharge, at present, does not exceed two ounces daily. The cavity is thoroughly washed out with a weak solution of carbolic acid, every twenty-four hours.

CASE III.—AMPUTATION BY ES-MARCH'S METHOD.—A re-amputation of the bones of a leg, which had formerly been crushed by an injury, was necessitated by the exposure of the extremities of both the tibia and fibula, at the bottom of an indolent ulcer. The stump was encircled by a rubber bandage, each successive turn of which was made to overlap its predecessor, till, at the edge of the last turn, a piece of elastic tubing was brought around the limb. The operation was as bloodless as though done in the cadaver. A small slough on the edge of one flap subsequently separated, where it lay upon a sub-jacent cartilage, but the result was no more than might be expected in cicatricial tissue, and did not affect the cure of the case, which was entirely satisfactory.

Some discussion of the propriety of opening a gaso-purulent abscess of the abdominal parietes ensued, in which several members participated.

Dr. Merriman gave the details of a case of pelvic cellulitis, in which, after several years of duration, there are yet alternate periods in which foecal matter escapes from the bladder, and urinous fluid from the rectum.

Dr. Wickersham reported the case of a patient, recently under his charge, who fell upon his abdomen while at play (he was a boy of a few years of age), and subsequently suffered from dysuria. It was doubtful whether the excruciating pain which he endured, resulted from lesion of the bladder, peritoneum, or bowels. So severe was this latter symptom, that one-third of a grain of morphia was requisite to procure relief, despite his tender years. It was necessary to use the catheter twice in the day, and this was continued till an indurated mass was detected, situated, apparently, in a plane posterior to the bladder. In three or four days, fluctuation became evident, and a spontaneous exit of pus occurred at the navel. The patient made an excellent recovery.

The discussion was concluded by remarks from Drs. Merriman, Owens, Lyman, Jackson, and Hyde.

It was resolved, on motion of Dr. Owens, that every member of the Society connected with the Staff of a hospital, be added to the Committee on Clinical Reports.

It was announced that, at an early day, Dr. J. H. Etheridge would read a paper on the "Organic Hydrides;" and Dr. Jno. Bartlett would present the "Annual Report of the Section on Pathology."

The Secretary extended an invitation to the members of the Society, from the Chicago College of Pharmacy, to attend the Annual Exercises of the College, on the evening of the 10th inst.

The Society then adjourned.

ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE.

THE Alumni met as usual, in the Lecture-room of the College, on Tuesday, March 10th, at 10 A.M. A larger number than usual were present, and more interest manifested.

The Committee on Prize Essays decided to award the prize of fifty dollars to the author of the essay bearing the motto, "Learn to Labor, and to Wait." On opening the sealed envelope, the name of the author was found to be Geo. H. Fuller, of Class '69, residing at Webster City, Iowa.

The same prizes were offered for another year.

It was moved and carried that Drs.

Thos. Bond, Wm. E. Quine, Chas. W. Earle, Lyman Ware, and S. A. Mc Williams, be a committee to provide for a social entertainment, and an interesting programme of exercises for the next annual meeting.

Dr. Bond, the retiring President, delivered a novel, but well-received, address.

It was moved and carried, that the editors of THE MEDICAL EXAMINER be requested to publish the Prize essay, and Necrologist's Report.

It was voted that a sufficient number of copies be published, in pamphlet form, to supply the members,

containing the President's Address, Necrologist's Address, and Prize Essay.

The following are the officers for the ensuing year: Dr. D. S. Jenks, Class '66, President (Plano, Ill.); Dr. A. J. Smith, Class '69, Vice-President

(Wabash, Ind.); Dr. V. F. Kinney, Class '74, Vice-President; Dr. Wm. E. Quine, Class '69, Necrologist (Chicago, Ill.); Dr. S. A. McWilliams, Class '66, Secretary and Treasurer (Chicago, Ill.)

S. A. McWILLIAMS,

Secretary.

Microscopical Memoranda.

MIGRATION OF WHITE CORPUSCLES.—Dr. Thomas read, before the German Association of Naturalists at Wiesbaden, a paper on the migration of the white corpuscles into the lymphatics of the tongue of a frog. He injected the lymphatics of the living animal with an extremely dilute solution, not containing more than $\frac{1}{2000}$ th to $\frac{1}{8000}$ th part of nitrate of silver, and found that, with certain precautions, this did not lead to stasis of the blood in blood-vessels, but only to a lively exodus of the white corpuscles from their interior. After the lapse of some time, when the parts had begun to recover from the injurious effect of the injection, he was enabled to observe the re-entrance of the corpuscles into the lymphatic vessels, through certain stomata in their walls, now marked and rendered distinct by a precipitate of the silver salt. In a second series of researches the lymphatics were injected with a dilute emulsion of cinnabar, in a three-quarter per cent. solution of common salt. The cinnabar was in part deposited in the stomata of the lymphatics, and partly passed through them, and was deposited in the tissues in the form of small, round, cloudy patches. The evidence of the identity of the stomata, brought into view by means of the cinnabar, with

those rendered evident by the nitrate of silver, is obtained by observing their peculiar grouping, and by the subsequent injection of nitrate of silver into the same vessels. The injection of the cinnabar causes very little disturbance of the circulation. If a lively exodus of the white corpuscles from the blood-vessels be produced by making an abrasion of the surface, the migrating cells quickly make their appearance in the stomata of the lymphatics marked out by the cinnabar. They then take up the particles of the cinnabar into their interior, which causes them to lose their activity and accumulate in the stomata. They then appear in the form of cauliflower excrescences, projecting into the interior of the lymphatics, which gradually break up into their constituent cinnabar-holding cells. These may be traced into the larger vessels, and from them into the blood. In these researches, a remarkable regularity, or uniformity, in the track pursued by the white corpuscles, was observed. They pass away from the blood-vessels nearly at right angles into the tissues, their course, however, being in a series of short zigzags. They all appear to travel about the same pace.—*Lancet*.—*Amer. Jour. Med. Sciences*.

THE TERMINATION OF NERVES IN SEBACEOUS GLANDS. — G. Colasanti (*Centralblatt*, No. 34, 1873) has followed out the distribution of the nerves in the Meibomian follicles of man, the ox, horse, and sheep, using for this purpose thin sections, stained with gold, as recommended by Conheim. As the result of his investigations, he says that, in successful gold-stained preparations, medullated nerve fibres may be detected in the connective tissue surrounding the gland. These fibres run in company with the blood capillaries, and are distributed with them. They give off smaller fibres, which run to the fundus of the follicles, perforate the membrana propria, and, losing their medullary sheath, break up into the primitive fasciculi, "presenting the well-known varicose aspect. These finer fibres form a plexus in the interior of the alveolus, and wind round the several gland epithelium cells. The plexus does not, however, extend into the excretory ducts. The nerves terminate in a precisely similar manner in the sebaceous glands of the hair follicles."

It will be observed that these researches correspond very closely with Beale's views of the termination of nerve fibres, and directly contradict the statements of Pflüger, in *Stricker's Manual of Histology*, as to the termination of these nerves in the salivary glands. — *Lancet*.

DISTINGUISHING MAMMALIAN FROM REPTILIAN BLOOD. — R. M. Bertolet, M.D., Microscopist to the Philadelphia Hospital, refers to the great difficulty which is experienced in determining the kind of blood, by the ordinary methods of examination in medico-legal cases.

If examined with the microscope, as it is ordinarily found in the dried state, the corpuscles are shrivelled and deformed. The addition of water extracts the coloring matter, and though it causes them to swell up, does not restore them to their original condition. It causes the red corpuscles to lose their bi-concave shape

and approach the spherical. The oval discs of reptiles, birds, etc., lose something of their peculiar shape, and become more like mammalian blood.

In moistening such blood he uses a solution of sulphate of soda, or, better still, slightly acidulated, pure glycerine. This preparation "is carefully irrigated with a properly prepared alcoholic solution of guaiacum resin; then, when a very small quantity of the ethereal solution of the peroxide of hydrogen (ozonic ether) is introduced beneath the glass cover," the red corpuscles are changed to an uniform color, which varies in the different corpuscles, "from a light sapphire to a deep indigo blue."

In the nucleated corpuscles of birds, reptiles, etc., however, "*the nucleus is seen as a sharply-defined, dark blue body, while the protoplasm surrounding it assumes a more delicate violet hue.*" The distinction between the two kinds of blood, by this means, is so plain as to be evident, even to an ordinary gentleman of the jury. — *Amer. Jour. Med. Sciences*, Jan'y.

HÆMOPTYSIS FROM ANEURISM OF PULMONARY ARTERY. — Dr. Silver, in a meeting of the Pathological Society of London, showed a piece of lung, with an aneurismal dilatation of a small branch of the pulmonary artery, in a man who had had repeated attacks of hæmoptysis, and who died in one of them. A cavity was found at the apex, and a small aneurism. — *Lancet*.

BLOOD AND DEJECTIONS IN CHOLERA. — M. Hayden, of Paris, has been investigating this subject. He finds an increase in the number of the white corpuscles and fragments of the red corpuscles, which, he says, may be explained by the stasis during the algid stage, together with the decrease in the proportion of water. No fungi of any kind were found in the blood. He also found a certain amount of viscosity in the corpuscles, which he accounts for by the presence of carbonic acid gas. No other changes

were observed. He examined the dejections for the cholera fungus, and found vibriones, as in other decaying animal matter; but the vibriones were not always present, and, when present, not always of the same kind. There were absent ten different kinds. He accordingly casts in his testimony with the already overwhelming load of evidence against the fungus origin of the disease.

The *post-mortem* changes that were constant were confined to the intesti-

nal canal, and could not be distinguished, except in severity, from ordinary intestinal catarrh.—*Lancet*.

NEW RESEARCHES ON INFLAMMATION.—Prof. Conheim, in a recently published article, states that inflammation consists in some local change of the vessels of the affected part, and not in their dilatation with the accompanying increase in the rapidity in the flow of the blood.—*Brit. Med. Jour.*

Gleanings from Our Exchanges.

GELSEMINUM.

By C. D. HODGE, M.D., of ARKANSAS.

From Southern Medical Record for Feb., 1874.

ON perusing an article in the November number of the *Record*, by Prof. Murry, of Baltimore, in which the gelseminum is favorably spoken of as an antiperiodic, I feel prompted to give some of the results of an experience of fifteen years or more with this article as a therapeutical agent.

Shortly after the febrifuge virtues of gelseminum were first accidentally discovered by a Mississippi planter, it was put forth as a nostrum in form of a branded tincture, under the cognomen of "Speed's Tonic;" and seeing among some of my patrons who had purchased and were using the medicine, that it *did* possess some very remarkable properties in controlling fever, by a little exertion I was fortunate enough to learn from one of the agents the plant; and as the vine grew abundantly around me, I lost no time in preparing a tincture, and instituting a series of trials, to get at its proper medical properties. Since that

day I do not know that my case has been without a vial of tincture of gelseminum. My experience fully warrants me in endorsing all that has been claimed by Dr. Anderson, of North Carolina, and Prof. Murray, for this agent, as an antiperiodic. I have used it for years as such, in hundreds of cases of intermittent and remittent fevers, with as much satisfaction as ever I did with quinine, when relying upon that article alone. I usually combine the tincture with small doses of quinine, especially in the management of remittent cases. And just here let me assure my brother practitioners residing in malarious districts, that they can promptly arrest an ordinary uncomplicated case of chills with six grains of quinine and thirty drops of tincture of gelseminum, divided into, say, six doses—a dose every hour, beginning six hours preceding the chill-time. Just here I will add that a little preliminary med-

ication, such as clearing the bowels, and if need be a mild address to the liver, is, I have found, more necessary than when using quinine alone. The tincture goes well with Fowler's Solution and tincture of iron, making it an efficient remedy for chronic cases, and as a chill preventive. In remittent cases this article can be used throughout the hot stage, in combination with the usual saline mixture, or any suitable diaphoretic, with the happy effect of shortening the febrile condition, and greatly curtailing the necessity for much quinine in the subsequent management.

Again, the value of gelsemium is not fully appreciated in treatment of neuralgias, especially those of an intermittent character. In these cases, it may be given in appropriate quantities, in combination with quinine, brom. pot. and mur. ammonia. With the latter, we think highly of it in the treatment of either acute or chronic sciatica. In apoplexy, where there is arterial excitement, with congestion, but no rupture of the vessels, the gelsemium shows itself an agent of signal potency. In uterine affections our experience is limited, but sufficient to justify the belief that this article will eventually become a remedy of no slight importance in that direction. In a case of tedious labor, where a rigid os uteri, or an unyielding perineum, offers the obstacle, we have only to apply an exhausted glass tumbler to the sacral spinal region, wait fifteen or twenty minutes, and let the patient have a commanding dose of the tincture—say twenty or twenty-five drops—and complete relaxation is almost sure to ensue very soon.

In treatment of irritable bladder, very favorable mention has already been made of this agent in some of the back numbers of the *Record*. It is also claimed as one of the "*very best remedies*," combined with opium, in dysentery. We can urge it as second to but few, if any, remedy, when associated with proper auxiliaries, in controlling recent gonorrhoea and acute ophthalmic affections. We will

here casually say, owing to its peculiar physiological tendency to the organ, we believe the gelsemium will at no distant day take a prominent stand as an eye remedy.

The dose, in various diseases, may range all the way from two or three to twenty-five drops, according to urgency and other pointing of indications. But we think it is the better plan, particularly when given at short intervals, to use small doses, say four or five drops, and when its characteristic effects—muscular heaviness of the lids, perverted or double vision, etc.—begin to be manifested, lessen the dose, or rather prolong the spaces, or *suspend*, if effects are very marked.

We might draw much more from our somewhat extended experience in behalf of the tincture of gelsemium; but we set out for brevity, and must conform. However, before releasing our pen, we would say to those of our brethren who are disposed to give this article a trial, not to rely upon the *fluid extracts*, or any other preparation, except the *freshly-tinctured green root*, and the inner bark of the root at that. We are satisfied that a non-observance of this particular has impaired the confidence of many. We think the root-bark should be consigned to the alcohol within six hours after being taken from the ground. It should by all means be prepared in the month of September, or thereabouts, for it is comparatively worthless when made in the summer. If the above precautions are not strictly observed, you may expect disappointment in your trials. Our usual formula is six ounces of the finely-bruised bark of the root to a pint of diluted alcohol; let stand the usual time, firmly express, and filter.

A CAUSE OF NIGHTMARE.—Many children, and some grownup folks, suffer terribly from nightmare. A frequent and hitherto unknown cause has been pointed out by Dr. Warrington Howard. He found, in some cases, the attack greatly aggravated by *enlarged tonsils*, and entirely dispersed when these were removed.—*Phil. Med. Rep.*

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.—SUSPECTED RINGWORM (SCURVY HEAD).

BY TILBURY FOX, M.D., F.R.C.P.

From the London Lancet, Feb., 1874.

THE practitioner is very often puzzled to make a diagnosis in cases of suspected ringworm. Cases, especially in schools, are brought to him which exhibit here and there—or it may be only in one small spot on the scalp—"scurfy"-looking places, without, apparently, any diseased hairs, and he is asked, "Is it ringworm?" Without the microscope, it is difficult to decide the question; and I would venture to say that, under such circumstances, the observer can only blame himself if he falls into error by neglecting the use of the microscope, which will readily reveal, in all cases, whether or no ringworm is present, by the appearance presented by the scales which can be scraped away from the suspected patch. The scales will always be found to have little bits of diseased hairs entangled in them where ringworm is present, and which diseased hairs are not perhaps visible to the naked eye. The accurate diagnosis of these cases is very important where schools are concerned; and a mistake in not recognizing the nature of these "scurvy spots" may lead to the silent but wholesale propagation of the disease among the healthy. The following case affords an illustration of what I mean:

CASE.—I had been prescribing for one or two children in a certain ladies' school, at different periods during two years, for ringworm of the body and head. When the mistress thought that all ringworm had vanished from amongst her pupils, she, having taken every possible means to detect at the earliest moment the faintest trace of mischief in her pupils' heads, in order to prevent the spread of the disease in her school, sent me her little daughter, aged six years, that I might

look at a tiny suspicious-looking spot on the crown of the head. This spot turned out to be ringworm, and I destroyed the disease at once by iodine paint. The next day the niece (aged thirteen) of the school-mistress was sent to me for examination, and I learnt that two years ago the scalp of this child was noticed to be "slightly scurvy" in one or two patches here and there over the scalp. The hair thinned out slightly, but the place was not bared of hair, nor was it red. The disease "did not look like ringworm; if it had," the aunt remarked to me, "of course advice would have been sought." The child had been treated with a "little ointment" now and then; and a medical man saw her, but did not think it ringworm. The appearance of the disease in the mistress' young child induced that lady to send the niece to me, lest the "scurfy" disease from which she had been suffering might in reality be ringworm. When I examined the head of the niece, there were one or two irregular-shaped spots, the size of a shilling or so, covered over with fine micaceous scales, not devoid of hairs. The hair looked a little thin, but not more so than is commonly seen in slight cases of seborrhœa, nor did the hairs come out too easily or break off; and on a superficial glance there was no appearance of short broken-off hairs, as in ordinary ringworm. On using a magnifying glass, however, and searching over the diseased areas, certain dark-looking portions of hair-shafts came into view, and these did not run in a natural direction, but were out of the line of the normal hairs, and they were, moreover, in some cases twisted and about three or four lines in length. They were concealed in great part by the healthy

hairs. There were, perhaps, five or six in each patch of disease. They turned out to be brittle, and portions came away easily when pulled at. Under the microscope the hairs exhibited the ordinary appearance of hairs invaded by the fungus of tinea tonsurans and fungus of luxuriant growth.

Remarks.—The above case illustrates a not uncommon occurrence—viz.: the non-detection of the nature of slightly-developed ringworm of the scalp (tinea tonsurans.) Cases of ringworm may present the same characters as those exhibited by the example under notice from the outset and during their whole course; but these characters may be assumed when the disease has become chronic and is supposed to be well, for ringworm leaves behind, in many cases, a surface that gives off for a while furfuraceous desquamations. The diseased patches may be small—the size of a split-pea—or the area of the disease may be larger. In either case there is apparently a little scurfiness, and the hair is somewhat thinned, and that is all, save an occasional suppurating hair-follicle in the center of the scurfy spot. But if the scales be scraped away, here and there a bit of opaque-looking hair may be seen attached to or projecting from them, and these bits of hair will be found to be crammed full of spores. Further, in all these cases, here and there a dark stub or two, or one or more broken-off hairs, will be detected over the scurfy surface, and afford a certain indication that the disease is parasitic. Very often, as before observed, the condition referred to occurs in a case of ringworm apparently well, and the solitary or few diseased hairs constitute so many spore manufactories to spread the disease, if no parasiticide remedies are used.

The treatment of these cases consists in very carefully getting away every particle of scaliness, and fully epilating the scurfy area, and applying any simple parasiticide until the hair grows healthily again; epilation being repeated to get rid of all short, dull, and opaque-looking hairs.

SPONTANEOUS EXPULSION OF THE UTERUS.—Dr. Martin, of Toulouse, relates (in *L'Union Medicale* No. 79, 1873) a rare case of spontaneous expulsion of the uterus. A lady aged thirty-five years, having given birth to a child sixteen years previously, had been suffering for some time with ulceration of the os uteri, rapidly progressing, and attended with copious hæmorrhage and great pains. Last 20th of June, the patient, with much straining, though without flooding, had passed per vaginum, a solid body, which subsequent examination *proved to be the body of the uterus*. A vaginal exploration, on account of danger of hæmorrhage, was postponed until the 16th, though in the meantime there was no bleeding; while the involuntary discharge of urine raised a suspicion of vesico-vaginal fistula. On the 20th, the comparatively well being gave way to disease, soon diagnosed as peritonitis, which ended fatally June 23d. An autopsy on the following day confirmed the diagnosis, and showed the true pelvis filled with pus. No trace of the womb was discovered; the round and broad ligaments were destroyed; one ovary enlarged, and the other hypertrophied. The bladder was intact, but right ureter disorganized, whence the flow of urine. The author is of the opinion that, without the fatal peritonitis, a continuation of life would not have been impossible.

PARACENTESIS THORACIS (*The Practitioner*, December, 1873).—Dr. Sydney Ringer publishes his notes on five cases of paracentesis thoracis, showing, by them, how slight a disturbance this operation causes, and what immense relief it affords; showing, also, that the operation may be usefully employed in the febrile and non-febrile stages of pleurisy with effusion, and that during fever the fluid may be withdrawn by the aspirator, and not accumulate again. In some cases of empyema, it is sufficient to withdraw part of the fluid by the aspirator. The rest may disappear; so that it is not always neces-

sary to lay open the chest in order that the pus may drain entirely away. In severe empyema, the temperature may be normal, or scarcely at all raised; and in those cases, accompanied by chronic fever, the pus may

be perfectly sweet.—*Phila. Medical Times.*

THE nativity of Adam is not a matter of doubt with the Darwinians, who believe him to have been a germ-man.—*Boston Jour. of Chem.*

Book Reviews.

AN Universal Formulary; containing the Methods of Preparing and Administering Official and other Medicines; the whole adapted to Physicians and Pharmacutists. By R. Eglesfeld Griffith, M.D. Third edition. Carefully revised and much enlarged, by John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With illustrations. 8vo.; pp. 779. Philadelphia: Henry C. Lea, 1874.

The third edition of this excellent Formulary, familiar for many years to both physicians and druggists, appears with a new name impressed upon its title page. It is that of the editor of the *American Journal of Pharmacy*, and the Permanent Secretary of the American Pharmaceutical Association; and it suggests to those who have recognized his ability as displayed in these positions, a thorough and efficient discharge of the editorial duties here assumed.

In this edition we are pleased to observe the retention of the alphabetical arrangement of the names of remedies according to their pharmaceutical titles in the United States Pharmacopœia, as it facilitates the work of reference: though copious indices are also appended. We find here, also, revised tables of specific gravities, hydrometrical equivalents, etc., as well as formulas for all new remedies of acknowledged value, while

we miss many of the old ones, which deserved to be rejected on account of their worthlessness.

This Formulary has already proved itself acceptable to the medical profession; and we do not hesitate to say that the third edition is much improved and of greater practical value, in consequence of the careful revision of Professor Maisch.

BOOKS RECEIVED,

Through Jansen, McClurg & Co., Chicago.

The Puerperal Diseases. By Fordyce Barker. 576 pp. New York: D. Appleton & Co.
Handbook of Medical and Surgical Reference. Wythe. New York: Wm. Wood & Co.
Wythe's Pocket Dose Book. Philadelphia: Lindsay & Blackiston.
An Introduction to Physical Measurements, etc. By Dr. Kohlrousch. Translated from the German. New York: D. Appleton & Co.

Sanitary Associations During the Franco-German War—1870-71. By Thos. W. Evans, M.D., etc.

Dictionary of Elevations, and Climatic Register of the United States. By J. M. Toner, M.D. New York: Van Nostrand, 23 Murray and 27 Warren sts. Price, in paper, \$3.00; cloth, \$3.75.

From W. B. Keen, Cooke & Co., Chicago.

Lectures on the Chemical Uses of Electricity. By J. Russell Reynolds, M.D., etc. Philadelphia: Lindsay & Blackiston.

Transaction of Wisconsin State Medical Society, 1873.

Transactions of Indiana State Medical Society, 1873.